

**UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM**

350 North Redwood Road
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AQUACULTURE AND FEE FISHING FACILITY

**Annual Report of Purchase or Transfer
of Live Aquatic Animals *INTO YOUR* Facility**

Calendar Year _____ Certificate of Registration Number _____

Owner's Name _____

Installation Name _____

Address _____

Location of installation (if other than above) _____

No fish were purchased this year ☐

DATE ACQUIRED	NAME & ADDRESS of SOURCE	FISH HEALTH APPROVAL #	NUMBER, SIZE, AND SPECIES	WEIGHT

Signature _____ Date _____

Please duplicate this sheet as necessary.
AG-334 3/14/00